## PART B - FEE(S) TRANSMITTAL

NOV 2 0 2007	¥			or <u>Fax</u>	Cor P.O Ale (57)	mmissioner for D. Box 1450 Exandria, Virgi 1)-273-2885	· Pate nia 2:	2313-1450		
INSTED THIS appropriate All further indicated unless to rect maintenance fee notification	Corm should be used correspondence including the below or directed out tions.	or trans ig the F erwise	smitting the ISSI Patent, advance o in Block 1, by (	UE FEE and PUBLIC orders and notification a) specifying a new c	of n	ON FEE (if requinaintenance fees w pondence address;	red). E ill be and/or	Blocks I through 5 sh mailed to the current of (b) indicating a separ	ould be completed where correspondence address as ate "FEE ADDRESS" for	
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FORT COLLINS, CO 80527-2400						Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
11/21/2007 SSANDAR1 00000008 082025 09578155						(Depositor's name)				
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVE			TOR ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.	
	05/23/2000 N: RELIABLE DATAGR	AM		Michael R. Kraus	e			10991833-1	4285	
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$0		\$0		\$1400	11/23/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS						
	GLENTON B		2153	709-230000						
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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4a. The following fee(s)  Substitute State  Publication Fee (N  Advance Order -	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form).									
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